



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
WAGE STANDARDS DIVISION

Princess Keelikolani Building, 830 Punchbowl Street, Room 340, Honolulu, Hawaii 96813

INSTRUCTION SHEET FOR COMPLAINT FORM WSD-1.378 II

Chapter 378, Employment Practices, Part II, Unlawful Lie Detector Test

Instructions

Please completely fill out the WSD-1.378 II Complaint Form.

Please type or print legibly. Read all instructions before completing the forms. If you have any questions, call the nearest office at the number listed below.

WSD-1 Complaint Form

Note: For a lie detector test complaint, you must file within 30 days of either: (1) the date of the alleged violation; or (2) the date you learned about the alleged violation.

Page 1 of 3:

Items 1 through 9: Provide information pertaining to yourself.

Items 10 through 14: Provide information about the employer you are filing a complaint against.

Page 2 of 3:

Statement of facts:

(a) Briefly state the alleged violation.

(b) Describe how the employer committed the alleged violation by providing a brief summary of the pertinent instances or examples which support your allegation.

Verification and Signature:

- Your complaint must be verified by an authorized Department of Labor and Industrial Relations representative. **You will be required to produce identification. If you mail your complaint, it must be signed before a notary public.**
- Check box if complainant is under 18 years old. If legal action becomes necessary, a parent or legal guardian must sign an assignment form.

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Complete and sign the attachment page.

IMPORTANT: Report any change of address or telephone number. If we are unable to contact you, your case will be closed.

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly. **Please remember to sign and date the form before submitting it.**

Delivery Information

Delivery by U.S. Mail or In-Person

Department of Labor and Industrial Relations, Wage Standards Division

Oahu	Hilo	West Hawaii
Princess Keelikolani Building, 830 Punchbowl Street, Rm. 340, Honolulu, HI 96813 Phone: (808) 586-8777	State Building, Rm. 108, Hilo, HI 96720 Phone: (808) 974-6464	Post Office Building, P.O. Box 49, Kealahou, HI 96750 Phone: (808) 322-4808
Kauai	Maui	
3060 Ewa Street, Rm. 202, Lihue, HI 96766 Phone: (808) 274-3351	2264 Aupuni Street, Wailuku, HI 96793 Phone: (808) 984-2075	

Visit our Website at www.hawaii.gov/labor for ALL interactive and downloadable forms.

(Rev. 10/05)



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**COMPLAINT FORM WSD-1.378 II
Chapter 378, Employment Practices, Part II, Unlawful Lie Detector Test**

Please print or type.

Complainant Information

1. Name (Last, First, Middle Initial) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		2. Social Security Number XXX - XX -	
3. Address		City	State Zip Code
4. Phone ()	Cell Phone ()		
5. Type of Work Performed			
6. Employment Status <input type="checkbox"/> Current Employee of Employer Named Below <input type="checkbox"/> Quit <input type="checkbox"/> Discharged			
7. If No Longer Employed, Reason			
8. Date(s)/Period of Employment	From	To	
9. Union Membership <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Union:			

Employer Information

10. Business Name			
11. Address		City	State Zip Code
12. Phone ()	Fax ()		
13. Name and Title of Owner or Person in Charge			
14. Nature of Business			

FOR OFFICE USE ONLY			Law				
Date Received			ICB				
			CS				
Taken by		DOL#:	IS1		IS2		
	H K M WH		HB			No.	

Statement of Facts (Briefly explain pertinent facts of the alleged violation):

I swear or affirm that I have read this complaint, and that the information and statements are true to the best of my knowledge and belief. I authorize the Director of Labor and Industrial Relations or a departmental representative to collect and receive, on my behalf, payments made on my complaint.

Note: Do not date or sign unless in the presence of an authorized DLIR representative or a notary public.

Date: _____ Signature of Complainant: _____
☐ Check if under 18 years old

<div>FOR OFFICE USE ONLY:</div> <div>VERIFIED BY:</div> <div>_____</div> <div>Authorized DLIR Representative</div> <div>_____, 2_____</div>	<div>STATE OF HAWAII } COUNTY OF _____ } SS.</div> <div>Subscribed and sworn to before me this</div> <div>_____ day of _____, 2_____</div> <div>_____</div> <div>Notary Public, _____ Judicial Circuit, State of Hawaii</div> <div>My commission expires _____</div>
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COMPLAINT FORM WSD-1.378 II

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1.	Date of alleged violation
2.	a. Did you agree to take a lie detector test? <input type="checkbox"/> Yes <input type="checkbox"/> No
	b. If you voluntarily took the test, were you informed orally and in writing that the test was voluntary and would not affect your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
	c. If no, please explain:
3.	Test administered by: <input type="checkbox"/> Private <input type="checkbox"/> Government enforcement agency
4.	Remarks

The above information is true to the best of my knowledge.

Print Name_____

Signature_____

Date_____